	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-010	767			
DEP A	DEPARTMENT OF PU OT WRITE AMENDED			Registration District No	ER
ON THIS STUB	AMENDED		_  =	FILED APR 5 1982  1. PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived. If institution: Res	idance before
VS 300	ဂ္ဂ		ı	2. USUAL RESIDENCE (Where deceased lived. If institution: Resource of the country of the country of the country of the country clay	admission)
Rev. 4/59	ᅙ				Inside Limits
	AMENDED			TOWN KANSAS CITY 3 days TOWN Excelsior Springs	No []
				c. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  d. STREET  ADDRESS  (If outside, give location)	leside on Farm
26001	DATE		-	INSTITUTION VA HOSPITAL Yes No   524 Regent	Yes   No
3				3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF DEATH MADCH 22 1062	Year
4 0			-	PAUL 1. BEARDSLESS PARCO 25, 1702	IF UNDER 24 HR
5 .				3. SEX 10. COLOR OR RACE 1 7. Mainted Est Marited [] 10. DATE OF BIRTH 1	Hours Min.
			1 -	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WI	IAT COUNTRY
6	8	] ] ]	1_	Salesman Duluth, Minnesota U.S.A.	
7 /	DITC.			136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
8 1	1 1		۱.	Issac Franklin Beardsley Etta Jean Tyrer Mary Beardsley  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.   17. INFORMANT Address	
<u> </u>	€		ŀ	(Yes, no, or unknown) (If yes, give war or dates of service Yes WWI VA HOSPITAL OFFICAL RECORDS, K. C.	MO.
_4/62.1	AKE			I 18. CAUSE OF DEATH (Enter only one cause per line 1	RVAL BETWEEN T AND DEATH
10	- k 1		劉	IMMEDIATE CAUSE (a) MUCOUS BRONCHITIS AND ATELECTOSIS OF LUNG LEFT	I AND DEATH
11	EAD OF		OOCUMEN		
			8	Conditions, if any, which gave rise to DUE TO (b) BRONEHOGENIC CARCINOMA OF RT LUNG WITH	-
13	S IS			above cause (a), stating the under-	
	5		١,		s female wa
	1 1		NO LEGIS	disease condition given in PART I (#)	in last 90 days
	ž		ū		Unknow
	AMENDMENIS		100	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of PERCENTED.)  YES A NO	item 18.)
z	A L				
¥ 2 '	₹   <sub>.</sub>		MEDICA.		
USE BLACK INK OR PEWRITER RIBBON				20d. INJURY OCCURRED WHILE AT WORK   20e, PLACE OF INJURY (e.g., in or about home, WHILE AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)	STATE
<b>.</b>	9	]	ı		<del>,,,,,,</del>
<b>30</b> €	READ		Choy	21.VAsitended the deceased from 3-20-62, to 3-23-62 /ohf by for high by for hi	11///
	. 일		_ <b>5</b>		
USE BLAC OR TYPEWRITER	SHOULD		ׅ֓֞֜֝֞֜֜֝֡֡֡֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֡֡֓֓֓֓֓֡֡֡֡֡֡֡֡		2c. DATE SIGNE
<b>⊢</b>	S		<b>⋝</b> ┃.	M.D. VA HOSPICAL, N. C. MO. J-24	4 <u>-62</u> "(State)
	o N		ŒΙ.	REMOVAL (Specify) 3-2/17 1940 CA THE STATE OF THE STATE O	mo
ļ	EM P		u = -	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECHARAS STGNATURE	
	Ë		<b>61</b> 2	Suchard Francial Home 3-24-62 Ruth Long	
				* Celevon Spungo, Macensed Embalmer's Statement on Reverse Side)	

V

WAY 20 ICE

. 381 9 3 44 p

## STATEMENT BY LICENSED EMBALMER

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above. . . . \_\_\_\_\_

i hereby termy mai me bou	whose name is recorded on the reverse side of this certificate was embalmed by the,
or by	, Student Embalmer No
working under my personal supervision	
StudentSignature of Student Er	Signed Jindel January
	Licensed Embalmer No. 4589
	P. O. Addres Exclose Sping, no
Note: The above MUST BE	SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply